



Form #0250
Rev 8/91

Well Construction Permit Application

For use by DERM personnel only

Date: _____

Permit No _____

Well # _____

METROPOLITAN DADE COUNTY
DEPT. OF ENVIRONMENTAL RESOURCES
WATER & SEWER DIVISION, SUITE 5
33 S.W. 2 AVENUE
MIAMI, FLORIDA 33130
PHONE: (305) 372-6789

FEE SCHEDULE - Eff. 10/1/2002
Public Supply Less than six (6) inches \$110.00
Public Supplies six (6) inches or greater \$85.00
Non-Public supply six (6) inches or greater \$45.00
Abandonments No Fee

APPLICATION TO DEPARTMENT OF ENVIRONMENTAL RESOURCES MGMT. FOR: () New Well Construction () Well Abandonment () Repair
WATER USE PERMIT () Request submitted concurrently; () Permit granted: Permit No. _____

PROJECT NAME _____ COUNTY _____
LOCATE WELL ON BACK OF FORM

CONSULTING ENGINEER OR GEOLOGIST

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____

WELL CONTRACTOR

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____
LICENSE NUMBER _____

AUTHORIZED AGENT

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____

WELL USE: () Fire Well () Public Water Supply () Test () Monitor () Irrigation () Aquifer Remediation
() Industrial () Other _____

NOTE: For PWS attach SFWMD Form 0248 and 4 copies of site plan. Well location must be staked.

CONSTRUCTION SPECIFICATIONS:

Rotary with MUD () or Air (), Casing Driven (), Cable Tool (), Jetting () Other _____ Borehole _____ diameter.
Surface or outside casing will be _____" (in) diameter x _____ (ft) depth. Grouted bottom to top () Bottom 5. Top 20 () Top 3 () with _____ # of bags
Single or inside casing will be _____" (in) diameter x _____ (ft) depth. Grouted bottom to top () Bottom 5. Top 20 () Top 3 () with _____ # of bags
Grout composition with % additives: _____ Total depth of well _____ (ft). Open hole from _____ (ft) to _____ (ft).
Screen s. steel () PVC () Fiberglass (), slot size _____ diameter _____" (in) x _____ (ft).
Screened from _____ (ft) to _____ (ft) Gravel packed to _____ (ft) above screen.
Casing Material: PVC () Schedule # _____ Fiberglass () Black Steel () Galv () _____ lbs/ft Other _____

ANTICIPATED START DATE _____

METHOD OF PLUGGING OR ABANDONMENT _____

DESCRIPTION OF WELL REPAIR _____

I HEREBY CERTIFY THAT THE CONSTRUCTION, ABANDONMENT OR REPAIR OF THE WELL WILL COMPLY WITH THE RULES OF THE SOUTH FLORIDA WATER MANAGEMENT DISTRICT AND DADE COUNTY, WILL NOT ADVERSELY AFFECT THE WATER RESOURCES, AND THAT A WATER USE PERMIT, IF NEEDED HAS OR WILL BE OBTAINED FOR THIS PROJECT PRIOR TO COMMENCEMENT OF WELL CONSTRUCTION. I FURTHER AGREE TO PROVIDE A WELL COMPLETION REPORT TO SOUTH FLORIDA WATER MANAGEMENT DISTRICT WITHIN 30 DAYS FROM COMPLETION OF THE WELL. ISSUANCE OF A PERMIT PURSUANT TO THIS APPLICATION DOES NOT RELIEVE THE APPLICANT OF THE RESPONSIBILITY TO ACQUIRE ANY NECESSARY APPROVALS FROM ANY OTHER FEDERAL, STATE, OR LOCAL GOVERNMENT AGENCIES.

SIGNATURE OF OWNER OR AUTHORIZED AGENT _____

CONTRACTOR'S SIGNATURE _____

DATE _____

DATE _____ (over)

NW1/4 SECTION MAP NE1/4

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____		NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	
NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____		NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	
NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____		NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	



SW1/4 SE1/4

PUMP SPECIFICATIONS:

Pump Type _____ Capacity _____ GPM, Pump Size _____ H.P. Intake Depth _____ Ft (from ground)

EXPECTED USAGE: _____ Gallons per day

WELL LOCATION:

(site address or closest two roads with distance to well)

_____ 1/4 _____ 1/4 SEC _____ TWP _____ S; RGE _____ E.

-or-
LATITUDE _____ LONGITUDE _____
(to the nearest second)

-or-
Planar Coordinates _____ N.

Draw an accurate map in section below showing property boundaries, well location, nearby roads and distance in feet from known landmarks. Scale: 1" = 1,100' (approx.)

DO NOT WRITE BELOW THIS LINE PERMIT ACTION

Permit Rejected () Reason _____

Permit Granted () Conditions or Variances _____

Well Cuttings Required: () No () Yes _____

Signature of authorized county representative _____ Application fee received \$ _____

Permit valid for six months (6) from this date